Medicaid Health Plans

834 Benefit Enrollment
820 Premium Payment

Michigan Department of Community Health

April 30, 2003

Michigan Department of Community Health

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Agenda

- Introduction
- 834 Benefit Enrollment
- 834 Data Clarification Review
- 820 Premium Payment
- 820 Data Clarification Review
- Panel Discussion

Introduction

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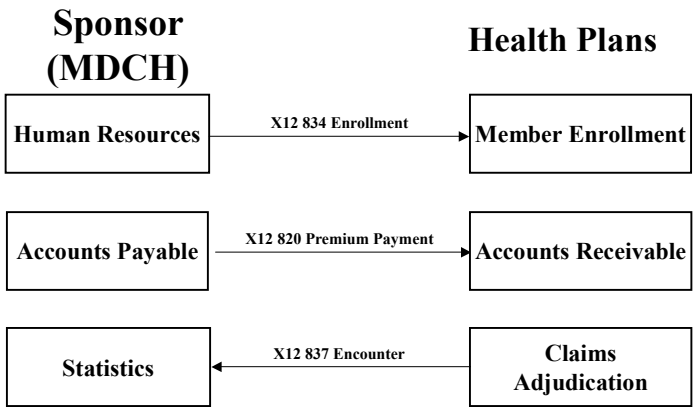
HIPAA Transactions

- Transactions prior to treatment
  - Eligibility Verification (270/271)
  - Authorization/Referral (278)
- Claims and related transactions
  - Claims (837)
  - Remittances (835)
  - Claim Status (276/277)
- Managed care transactions
  - Enrollment (834)
  - Premium Payment (820)
  - Encounter (837)

Managed Care Transactions



834 Benefit Enrollment and Maintenance

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834 Overview

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834 Benefit Enrollment & Maintenance

- The 834 is used by a sponsor to transfer enrollment information to a payer

  State Medicaid Programs must use the HIPAA-mandated 834 transaction when they enroll Medicaid recipients into contracted managed care plans

- The 834 can provide either periodic enrollment updates or full file audits
- Coordination of benefits information is transmitted with the 834, rather than with remittance transactions

Full File Audits

- MDCH will transmit a monthly audit file identifying all active members for a health plan at a given point and time
- MDCH has also elected to identify terminated members in the monthly audit file
- The transmission of terminated members in an audit file is an optional practice according to the 834 Addenda dated October 2002

EDI Structure Overview

- A single interchange will be transmitted to a service bureau
- One functional group will be sent within one interchange
- Multiple transactions may be transmitted within one functional group
  - Service Bureau ABC will receive an interchange containing all 834 transactions for that period
  - Only 834s will be contained in that interchange
  - Multiple 834 may be transmitted due to the limitation of 10,000 members per 834 transaction

File Naming Convention

- MDCH will post all EDI Transactions to the corresponding service bureau mailbox
- 834 Card Cut Off, First of the Month and Weekly files will be distinguished by their file name
- File names will be followed by a “T” when testing and a “P” when in production
- The “T” and “P” will also be passed in the Interchange Control Header ISA15

834 Transaction Structure

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834 Transaction Structure

ST 834

1000A Sponsor Name
1000B Payer

Table 2 -- Detail

2000 — Member Level Detail

2100A — Member Name

2100G — Responsible Person

2300 — Health Coverage

2320 — Coordination of Benefits

2000 — Member Level Detail …

SE 834

Table 2 – Detail Level

ST 834

1000A Sponsor Name
1000B Payer

Table 2 -- Detail

2000 — Member Level Detail

- Subscriber Number
- Member Policy (Group) Number
- Medicare Plan Code
- Member ID Numbers
- Member Level Dates

Maximum 10,000 members per transaction

2100A — Member Name

- Member Name
- Member Residence

2100G — Responsible Person

2300 — Health Coverage

- Plan Coverage Description
- Health Coverage Dates
- Health Coverage Policy Number

Health Coverage loop may repeat

2320 — Coordination of Benefits

May Repeat 5x/Health Coverage Loop

2000 — Member Level Detail …

SE 834

2000 Member Level Detail

- Subscriber Number - Medicaid Recipient ID
- Member Policy Number
  - Identifies insured's group number
  - MDCH will transmit Provider ID
  - Distinguish members in the MCEP (auto-assigned) group from those in the non-MCEP (self-selected) group

2000 Member Level Detail

- Medicare Plan Code
  - Identifies Medicare coverage
  - This element will be used to report Medicare coverage as known by MDCH
  - Replaces the use of Other Insurance (OI) codes

Medicare Plan Code Crosswalk

State of Michigan Family Independence Agency Reference Codes Manual 1-1-2000			HIPAA 834 Transaction Medicare Plan Code (2000 INS06)	
Code	**Description - Medicare Other Insurance (OI) Code**		**Code**	**Description of HIPAA 2000 INS06 Codes**
90	Recipient qualifies for or is enrolled in Medicare Part B.		B	Medicare Part B
91	Recipient qualifies for or is enrolled in Medicare Parts A and B.		C	Medicare Part A and B
92	Recipient qualifies for or is enrolled in Medicare Part B only and has Blue Cross/Blue Shield.		B	Medicare Part B
93	Recipient qualifies for or is enrolled in Medicare Part B only and has other medical insurance.		B	Medicare Part B
94	Recipient qualifies for or is enrolled in Medicare Parts A and B and has Blue Cross/Blue Shield.		C	Medicare Part A and B
95	Recipient qualifies for or is enrolled in Medicare Parts A and B and has other medical insurance.		C	Medicare Part A and B
96	Medicare HMO (to be identified and coded by Revenue and Reimbursement Division staff only).		C	Medicare Part A and B

2000 Member Level Detail

- Maintenance Reason Code on 834 update transaction
  - Replaces reason codes on the weekly 4684
- Member Identification Number
  - Used to pass further identifying information of member
  - Case Number (3H) will be used to transmit MDCH Case Number
  - Prior Identification Number (Q4) will be used to transmit Mother's Recipient ID for newborns

2000 Member Level Detail

Member Level Dates

- Eligibility Begin (356)
  - Only way to enroll a member is with a 356 eligibility begin date
  - New enrollment only
- Medicaid End (474)
  - Medicaid eligibility is in question
  - Historically this has been described as "Pending Negative Action"
- All termination of coverage will be communicated in Loop 2300 Health Coverage

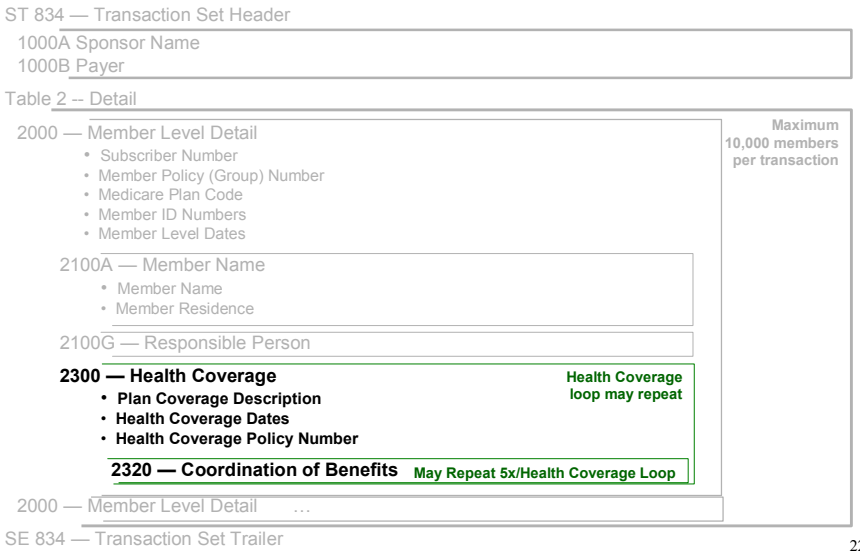
2100A Member Name Loop

- Member name
- Member address
- When available, member's Social Security number will be transmitted
- Member demographics
  - Birth date
  - Gender
  - Race
  - Language – ISO 639-2/T

2100G Responsible Person

- This loop is used to identify and provide contact information regarding the person responsible for the member
- Guardian name and address will be transmitted when available
  - 2100G NM101 will equal “GD” guardian
- Case information will be transmitted, when guardian is not available
  - 2100G NM101 will equal “QD” responsible party

Table 2 – Detail Level



2300 Health Coverage

Plan Coverage Description

- This element is used when additional information is needed to describe the exact type of coverage being provided
- MDCH will transmit pregnancy indicator for maternal support services
- A “Y” indicates that the recipient is pregnant, while a “N” indicates that they are not pregnant

2300 Health Coverage

- 834 transaction supports transmitting dates at the transaction, member and the health coverage level
- Benefit Begin (348)
  - Initial enrollment date is transmitted in 2000 Member Level Detail
  - Coverage effective date specific to health coverage loop information
- Benefit End (349)
  - Removal of coverage
  - Termination of benefits
- Coverage dates will be transmitted in separate health coverage loops
  - Recipient is disenrolled (Substatus 5) and enrolled (Substatus 2) during the same reporting period

2300 Health Coverage

Policy Number

- Scope
- Coverage
- Level of Care
- Program Code

Policy Number Example

- Scope “1”
- Coverage “F”
- Level of Care “07”
- Program Code <alpha>

Policy Number “1F07Q”

2300 Health Coverage

Coordination of Benefits

- Policy number
  - Other insurance company’s policy number
- Contract number
  - Typically, policyholder’s Social Security number
- Carrier name
- COB begin and end date
  - Dates will be provided when available

2300 Health Coverage

- MHP - Health Coverage information includes:
  - Plan Coverage Description "N"
  - Policy Number "1F07Q"
  - Coverage Dates
  - Coordination of Benefits

834 Implementation

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Medicaid Health Plans

- MDCH currently uses four transaction formats to convey enrollment information about Medicaid recipients to Medicaid Health Plans (MHPs)
  - Card Cut Off (3653)
  - First Of The Month (3653S)
  - Weekly File (4684)
  - Maximus Daily File (4276)
- These transactions are used to convey various types of information about recipients
- This session focuses on the Card Cut Off (3653) and First Of The Month (3653S) files

Card Cut Off (3653)

- Generated the weekend before the last full business week of the month
- Identifies members as:
  - Continuing Enrollees - Substatus 1
  - New Enrollees - Substatus 2
  - Pending Negative Action (PNA) - Substatus 3
  - Disenrolled Lost Eligibility- Substatus 4
  - Disenrolled – Substatus 5
- An 834 Audit file will replace the 3653 file
- Substatus codes are not supported by the 834

Substatus Codes in 834 Audit File

- Substatus 1 - Continuing Enrollee
  - Loop 2300 - 348 qualifier in DTP01
- Substatus 2 - New Enrollee
  - Loop 2000 - 356 qualifier in DTP01
  - Loop 2300 - 348 qualifier in DTP01
- Substatus 4 or 5 - Disenrolled
  - Loop 2300 – 349 qualifier in DTP01

PNA in 834 Audit File

- PNA (A) – Currently enrolled with plan, but Medicaid eligibility is in question
  - Loop 2000 – 474 (Medicaid End) in DTP01
  - Loop 2300 - 348 in DTP01
- PNA (B) – New enrollee to the plan, but Medicaid eligibility is in question
  - Loop 2000 – 474 (Medicaid End) in DTP01
  - Loop 2000 - 356 in DTP01
  - Loop 2300 - 348 in DTP01

Receipeint Substatus	Loop 2000		Loop 2300	
	Member Level Dates		Health Coverage Dates	
	DTP01: Date/Time Qualifier	DTP03: Date/Time Period	DTP01: Date/Time Qualifier	DTP03: Date/Time Period
1 continuing enrollee			348	AUTHO-BEGIN-DATE
2 new enrollee	356	AUTHO-BEGIN-DATE	348	AUTHO-BEGIN-DATE
3a pending negative action, enrolled	474	Last day of current month	348	AUTHO-BEGIN-DATE
3b pending negative action, new enroll	356	AUTHO-BEGIN-DATE	348	AUTHO-BEGIN-DATE
	474	Last day of current month		
4 disenrolled - lost Medicaid eligibility			349	"Last day of current month"
5 disenrolled			349	AUTHO-END-DATE

Loading the Audit File

- Loading the audit file will:
  - Enroll recipients with qualifier 356 in DTP01 of Loop 2000
  - Continue or begin coverage associated with qualifier 348 in DTP01 of Loop 2300
  - End coverage associated with qualifier 349 in DTP01 of Loop 2300
- Pending Negative Action
  - Enroll recipients with qualifier 356 in DTP01 of Loop 2000
  - Continue or begin coverage associated with qualifier 348 in DTP01 of Loop 2300
  - Effectively, all PNA recipients will be enrolled at card cut off
  - All PNA recipients will be identified with qualifier 474 in DTP01 if Loop 2000

First Of The Month (3653S)

- Generated on the first day of the month
- Resolves recipients identified as in PNA on the 3653 Card Cut Off transaction
- Pending Negative Action may become
  - Substatus 1 – Continuing Enrollees
  - Substatus 2 – New Enrollees
  - Substatus 4 – Disenrolled Lost Eligibility
  - Substatus 5 - Disenrolled
- An 834 Update file will replace the 3653S file

PNA in 834 Update File

- Only recipients that were PNA on audit file and lost coverage will be reported on the first of the month update
- Substatus 4 or 5
  - Loop 2300 - 349 in DTP01
- Loading the 834 update transaction will effectively end coverage for members that were PNA on the audit file and subsequently lost eligibility

834 Data Clarification Documents

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Data Clarification Documents

- Data clarification documents were created as a companion to the National Electronic Data Interchange Transaction Set Implementation Guides
- 834 data clarification documents:
  - MHPs and PACE
  - CSHCS -- SHPs
  - HKD
  - CMH -- PHPs
- Data Clarification Documents can be found on the MDCH web site: **http://michigan.gov/mdch**

Data Clarification Document Review

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Questions & Answers

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820 Payroll Deducted and Other Group Premium Payment Insurance Products

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820 Overview

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820 Overview

- The 820 is used by a sponsor to report premium payments to a payer
- State Medicaid Programs are considered sponsors when contracting with managed care plans to provide health coverage to Medicaid recipients
- MDCH will transmit an Individual Remittance transaction to report both monthly premium payments and Maternity Case Rate payments
- The 820 transaction will be transmitted on a schedule that is consistent with MDCH's current remittance reporting process

Reassociation of Payment

- The 820 contains a trace number for the transaction which is used to reassociate payment and remittance information
  - Check Number
  - EFT Trace Number
- MHPs will continue to receive payments under two provider Ids
  - MCEP
  - Non-MCEP
- Each payment will have a corresponding 820 generated, reporting the related remittance information

820 Transaction Detail

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Header Level

ST 820

- **Financial Information**
- **Reassociation Key**
- **Premium Receivers Identification Key**

1000A – Premium Receiver's Name

1000B – Premium Payer's Name

Header

2000A — Organization Summary Remittance

2000B — Individual Remittance

Detail

Summary

SE 820

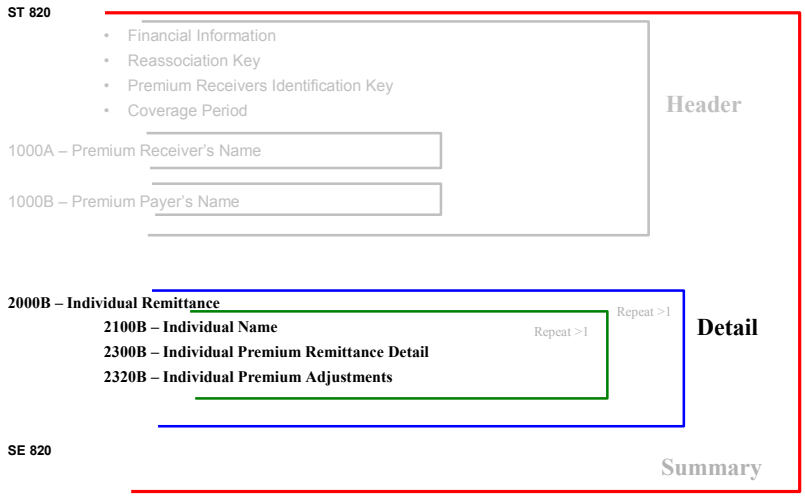
Header Level

- Financial Information
  - Total 820 transaction paid amount
  - Method of payment, either check (voucher) or EFT
  - Month for which payment is being made
- Reassociation Key
  - Check number or EFT trace number used for reassociating payment and remittance information
- Premium Receiver Identification Key
  - MDCH provider ID

Header Level

- Premium Receivers Name
  - Identifies the name of the Payee on the check or EFT
  - Provide Payee's Federal Tax ID
- Premium Payer's Name
  - Identifies the Payer (Department of Community Health)
  - Address: P.O. Box 30479
  - Administrative Contact phone number: 1-800-292-2550
  - Email address: Providersupport@michigan.gov

Individual Remittance



Individual Remittance

- MDCH recipient ID
- Recipient first, middle, and last name
- Premium Remittance Detail
  - MDCH Claim Reference Number (CRN)
  - Premium payment amount
  - Coverage period for the paid amount
- Premium remittance detail can repeat for an individual

Individual Remittance Example

820 Header:

Provider ID: 4455152 ABC Health Plan

Fed Tax ID: 123-88-4444

Individual Summary Remittance

MDCH ID	Recipient Name	CRN Number	Pay Amount	Date
1234567	Joe Smith	81881989	700	Jan
		81881990	300	Feb
2347882	John Doe	98989889	600	Feb
2938293	Jane Smith	78787878	500	Feb

820 Data Clarification Documents

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Data Clarification Documents

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- 820 data clarification documents
  - Organization Summary Remittance
  - Individual Remittance
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Data Clarification Document Review

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Questions & Answers

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Panel Discussion

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